



The Long War and Impact of Parental Combat Deployment on Children and At Home Spouses

Patricia Lester, MD, UCLA Semel Institute



NAVY AND MARINE CORPS COMBAT & OPERATIONAL STRESS CONFERENCE 2010:

“TAKING ACTION, MEASURING RESULTS”





Acknowledgments*

- *Navy PI: CDR James Reeves, MD*
- *Army PI: COL Kris Peterson, MD*
- *UCLA Team: William Saltzman, PhD, Catherine Mogil, PsyD, Robert Pynoos, MD, Dorie Glover, PhD, William Beardslee, MD*
- *Families of MCB Camp Pendleton and Ft. Lewis, Tacoma*
- **Funding sources: National Institute for Child and Human Development; Frederick Weisman Philanthropic Foundation*



Presentation Goals

Assessment research to guide intervention:
Risk and Protective Factors

Child in a Relational Context

Developmental Approach

School Aged Children

Adolescents

Children Affected by Parental Injury

Deployment Experiences



- Combat exposures
- Length/number of deployments
- Losses
- Availability of support

Family Model of Impact: Deployment and Reintegration

Family Level Impact

- Maintaining relationships
- Financial changes
- Parenting challenges
- Family adjustment
- Child reactions



Family Members Impact

- Partner outcomes
- Child outcomes
- Military personnel outcomes

Military Personnel

- Combat Stress
- Mental Health Symptoms
- Physical injury/TBI





Impact of Parental Deployment on Children

- Findings of child emotional and behavioral symptoms- primarily cross sectional during deployment
- Developmental differences in reactions.
- Emerging evidence for cumulative months of deployment on teens.
- Relationship of parental distress and child stress
- Rise in child maltreatment during deployments and related to separation/reunion.
- Rising mental health utilization in military children including both outpatient and inpatient visits since OEF/OIF.



The Long War and Parental Combat Deployment: Effects on Military Children and At-Home Spouses.

Lester P, Peterson K, Reeves J, et al, 2010, J of Am Academy
Child and Adolescent Psychiatry.

- School age children, ages 6-12
- Currently deployed parents and recently returned parents
- Both parent and child report
- Two Service Branches at highly deployed installations: Army and USMC families/children
- Detailed information about family context, including both parents psychological health when possible
- Examine risk factors: parental distress, deployments, gender, age
- Limitations: Cross-Sectional, Convenience Sample



Assessments

- **Child Assessments (Self Report)**
 - Children's Depression Inventory-II (CDI; Kovacs, 1992)
 - Multidimensional Anxiety Score for Children (MASC; March, 1997)
- **Child Assessment (Parent Report)**
 - Child Behavior Checklist (CBCL; Achenbach, 1991)
- **Parental Psychological Symptoms (Self Report)**
 - Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983)
 - Posttraumatic Stress Diagnostic Scale (PDS; Foa, 1995)



TABLE 1 Family Characteristics of Study Subjects

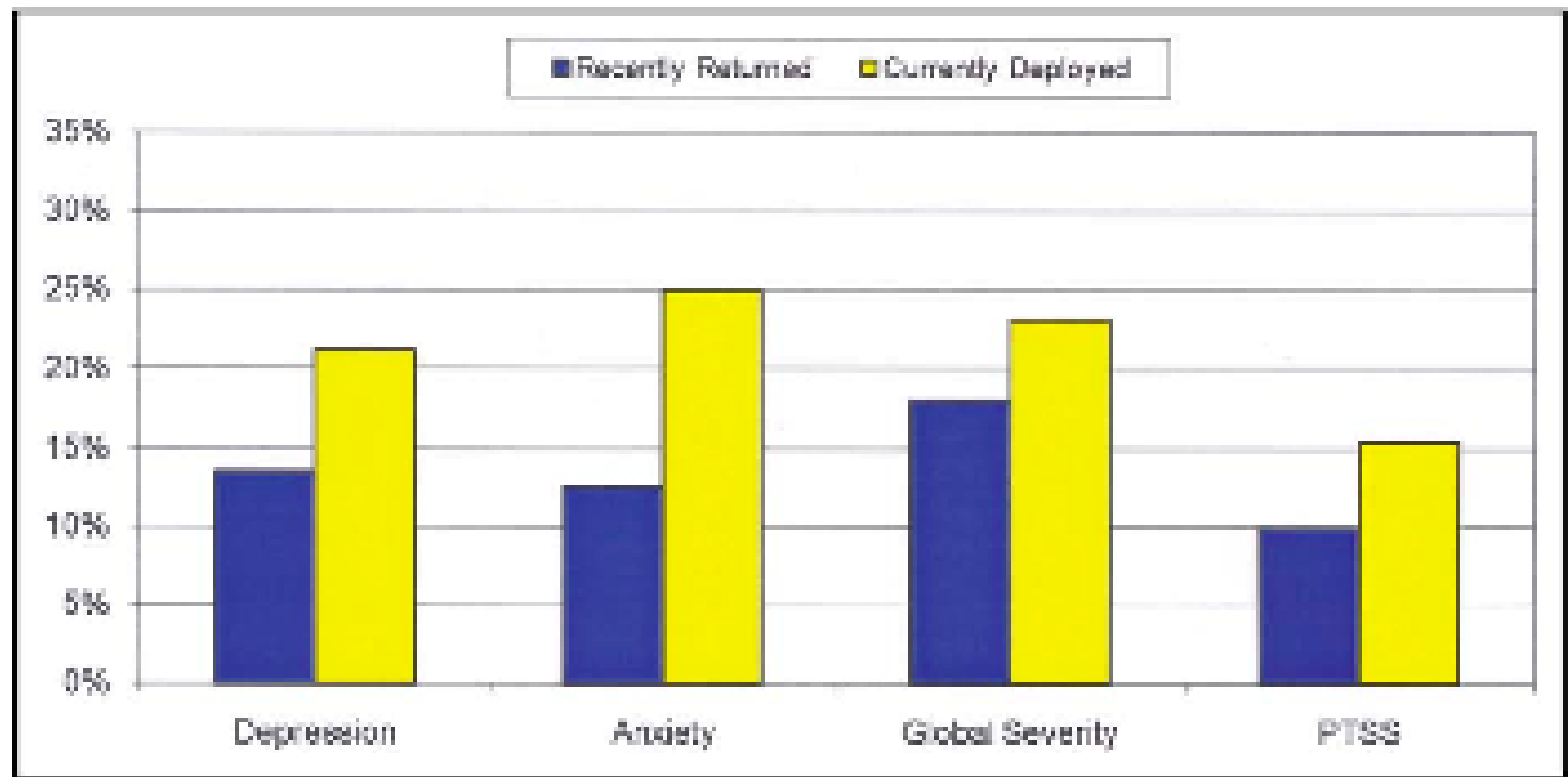
Demographics	Recently Returned (RR)	Currently Deployed (CD)	Total
Families			
Families (n)	118	53	171
Parent: At-home civilian (AHC) (n)	111	52	163
% Female	100%	100%	100%
Mean age (SD)	32.74 (6.7)	34.07 (5.3)	33.41 (6.4)
Children (n)	187	85	272
% Female	44%	47%	45%
Mean age (SD)	8.47 (1.9)	8.68 (2.3)	8.53 (2.0)
Active duty			
Military rank ^a			
Enlisted (E1–E4)	7.6%	9.4%	8.2%
NCO (E5–E9)	66.1%	50.9%	61.4%
Officer (W1–W5, O1–O6)	26.3%	39.6%	30.4%
Mean no. of combat deployments (SD)	2.09 (1.6)	2.16 (0.86)	2.11 (1.4)
Mean months combat deployed (SD)	16.73 (7.8)	16.49 (8.3)	16.66 (8.0)

Note: AHC = at-home civilian; CD = currently deployed; E1–E9 = enlisted grades 1 through 9; NCO = noncommissioned officer; O1–O6 = officer grades 1 through 6; RR = recently returned; W1–W5 = warrant officer grades 1 through 5.

^aOfficers are significantly more prevalent in the CD group than in the RR group. NCOs are more prevalent in the RR group than in the CD group.

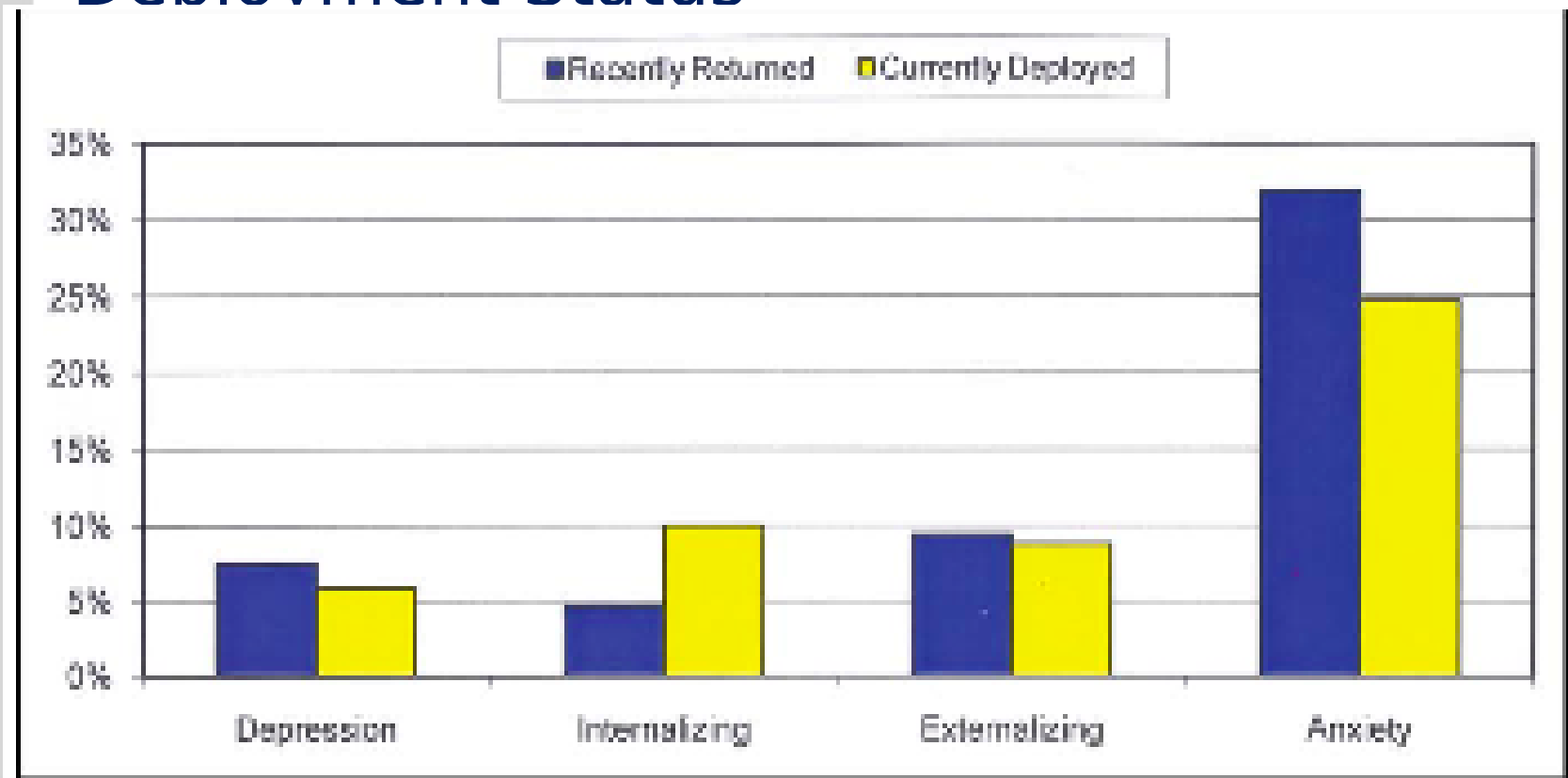


Prevalence of clinically significant symptoms for At-Home Civilian Parent by Spouse Deployment Status





Prevalence of Clinically Significant Symptoms in Children by Parental Deployment Status





Child Outcomes Predicted by Months of Combat Duty and Non Active Duty Parental Symptoms of Distress

Predictor (t-value)	Depression (CDI) n=261	Internalizing (CBCL) n=242	Externalizing (CBCL) n=242
Combat Months	2.46**	NS	3.48***
Parental Symptoms			
BSI Global Severity	NS	6.77****	4.20****
PDS Symptom Severity	NS	5.33****	5.31****

*p < .10 **p < .05 ***p < .01

****p < .001



Child Outcomes Predicted by Active Duty Parental Symptoms During Reintegration

Predictor (t-value)	Depression (CDI) n=100	Internalizing (CBCL) n=90	Externalizing (CBCL) n=90
AD Anxiety	NS	5.62**	NS
AD Depression	NS	4.85**	2.42*
AD PTSD Symptoms	2.48*	5.33**	2.07*

***p < .05 **p < .01**



Parent Outcomes

- Nearly 40% of recently returned service members showed clinically significant symptoms of anxiety or depression.
- About one quarter of at home spouses experienced significant anxiety or depression symptoms during deployments, but these lessened somewhat during reintegration.
- Spouse distress was significantly associated with cumulative months of deployment.



Child Outcomes

- Children demonstrated indices of resilience in emotional and behavioral adjustment compared to community norms.
- However, children affected by parental wartime deployments have significantly increased levels of anxiety symptoms compared to community norms on self report measures. Elevations in anxiety were present both for deployed and reintegration children.
- Parental psychological symptoms were associated with child depression and behavioral symptoms
- Cumulative months of deployments, not number of deployments, were associated with child depression and externalizing symptoms.



Implications

- These findings provide support for family centered targeted preventive approach for children and families, and suggest specific areas to address including timing and pathways of risk.
- Greater child anxiety across the cycle suggests the need for specific intervention strategies to address separation anxieties in school aged children.



Future Research

- Longitudinal information on children across developmental and deployment cycles
- Information about other family and service contexts: Female service members, Service components
- Specific high risk groups: children of combat injured parents or bereaved children



Questions and Comments

For further information contact:
plester@mednet.ucla.edu